

**ACTIVE CONSENT FORM FOR GRADES 6 – 8****PLEASE READ THE FOLLOWING STATEMENTS ABOUT AN IMPORTANT STUDY**

**Your child's school and school district are participating in a national study, the Study of Secondary Math Teachers from Alternative Routes to Certification, sponsored by the U.S. Department of Education.** The study is about the training and certification of middle and high school math teachers. Your school district has given Mathematica Policy Research, Inc. permission to conduct this study. While your child will not receive any direct benefit from participating in this study, the study will help your district and school improve the quality of their teachers. Participating in the study poses no risk to your child.

As part of the study, **we will collect information from school records** on your child's state math test scores, sex, age, grade level, race and ethnicity, eligibility for free or reduced price lunch, English language learner status, and special education status. We will not collect school grades. This study will **help us learn more about how well teachers do their jobs**. Participation in the study is voluntary, and your child can stop participating in the study at any time. If you do not want your child to take part in the study it will not affect the instruction or other services your child receives at school.

**The confidentiality of students, teachers, and schools participating in the study will be protected.** Only the researchers conducting the study will have access to the data that are collected as part of the study. District officials, principals, teachers, and other school staff will not have access to the study data. The data for all schools and classes in the study from this district will be combined when presented.

**PLEASE MARK ONE BOX BELOW****PLEASE MARK (X) ONLY ONE BOX**

☐ **YES**, my child **CAN** participate in the Study of Secondary Math Teachers from Alternative Routes to Certification

or

☐ **NO**, my child **CANNOT** participate in the Study of Secondary Math Teachers from Alternative Routes to Certification

**PLEASE PROVIDE THE FOLLOWING INFORMATION****PLEASE SIGN:**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*sign*

**PLEASE PRINT**

Print Parent/Guardian Name: \_\_\_\_\_  
*print*

Parent/Guardian Telephone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Student Name: [PRE-FILL STUDENT NAME]

School Name: [PRE-FILL SCHOOL NAME]

Teacher Name: [PRE-FILL TEACHER NAME]

Math Class: [PRE-FILL COURSE NAME/#]

**PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER LISTED ABOVE AS SOON AS POSSIBLE  
THANK YOU**

**If you have questions about the study, please call  
Kathy Sonnenfeld, Survey Director at Mathematica Policy Research, Inc.  
at (609) 275-2293 or toll-free at (866) 330-9199.**